


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 13 AM 8:42

DOCUMENT # P04000038256 1. Entity Name BIMAR INVESTMENTS, INC.	
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Principal Place of Business 4474 WESTON RD SUITE 103 DAVIE, FL 33331 US	Mailing Address 4474 WESTON RD SUITE 103 DAVIE, FL 33331 US
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2. Principal Place of Business - No P.O. Box # 4474 WESTON RD Suite, Apt. #, etc. SUITE 103 City & State DAVIE, FL Zip 33331	3. Mailing Address 438 Lakeview Dr Suite, Apt. #, etc. #202 City & State WESTON, FL Zip 33326	Country US
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03082009 REIN-P CR2E088 (1/07)

4. FEI Number 36-2435132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAL, CIRO
4474 WESTON RD
SUITE 103
DAVIE, FL 33331

7. Name and Address of New Registered Agent

Name
LIANISA CIVOLANI
 Street Address (P.O. Box Number is Not Acceptable)
438 Lakeview Dr
#202
 City
WESTON **FL** Zip Code
33326

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lianisa Civolani [Signature] 3/7/2009
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P/S <input type="checkbox"/> Delete
NAME	BIANCHINI, ROBERTO
STREET ADDRESS	4474 WESTON RD SUITE 103
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	VP <input type="checkbox"/> Delete
NAME	MARTINEZ BIANCHINI, CARMEN
STREET ADDRESS	4474 WESTON RD SUITE 103
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000145685700
CITY-ST-ZIP	03/13/09--01004--016 **308.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 08-09ks

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberto Bianchini 3/7/2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #